

OFFICE OF THE ATTORNEY GENERAL

**Tobacco Enforcement
One Ashburton Place
Boston, MA 02108**

617-727-2200

TOBACCO COMPLAINT FORM

Your Name: _____

Your Address: _____

Your Telephone Nos.: _____

Complaint Against:

Name: _____

Address: _____

Date and explanation (attach photographs, if any, and additional pages if needed):

This form should be used to report suspected violations of the Massachusetts tobacco control laws and the Master Settlement Agreement (e.g., billboard advertising, self-service displays). Your complaint form may be considered a public record, a copy of which is available to any member of the public upon request. In response to such requests, this Office generally will not disclose your name, address, or phone number, or any other information on the form that identifies you, and will not disclose this form in response to any request for complaints submitted by you.

Your complaint may be forwarded to another agency, if appropriate. This Office does not comment upon investigations that may be pending.

Your signature: _____ **Date:** _____

Mail your completed form to: **Office of the Attorney General, One Ashburton Place, Boston, MA 02108
Attention: Director of Tobacco Enforcement**